



CALIFORNIA LAND ENVIRONMENTAL RESTORATION AND REUSE ACT (SB 32) PILOT PROGRAM APPLICATION

**1. DATE SUBMITTED****2. DATE RECEIVED****3. APPLICATION NUMBER**

APPLICANT INFORMATION

4. NAME AND CONTACT INFORMATION OF APPLICANT

Name:

Title:

Address:

Phone Number:

Fax Number:

E-mail:

5. TYPE OF APPLICANT☐ Individual☐ Government☐ Joint Powers Authority☐ Private Business☐ Non-profit Organization☐ Other _____**6. IS APPLICANT OWNER OF PROPERTY?** ☐ Yes ☐ No

If No, Identify Property Owner(s) and Contact Information:

PROPERTY INFORMATION

7. LOCATION/ADDRESS OF PROPERTY

Does the property meet any of the conditions listed in [Health and Safety Code section 25401\(h\)\(2\)](#)? ☐ Yes ☐ No ☐ Don't Know
 Is the property located within a Redevelopment Area? ☐ Yes ☐ No ☐ Don't Know

8. PROPERTY INFORMATION

A. Size (in acres):

B. Current Use:

C. Current Zoning:

9. PROJECT REMEDIATION SCHEDULE (if known)

Start Date _____ Completion Date _____

10. REGULATORY AGENCYIs Applicant currently working with a state or local regulatory agency on site investigation and/or remediation activities at the property (i.e. DTSC, Regional Water Board, local environmental health department?) ☐ Yes ☐ No

If yes, please provide the name and phone number of contact person(s).

Is there an order or agreement in effect with the regulatory agency for this property? ☐ Yes ☐ No**11. PROPERTY DESCRIPTION** (Describe property, including past and current uses, environmental contamination and cause(s), and any ongoing remediation efforts.)Is the property part of a larger site subject to remediation? ☐ Yes ☐ NoIs there an operating business on the property? ☐ Yes ☐ NoHas the property ever been owned by any department, agency or instrumentality of the United States government, including use as a federal military facility? ☐ Yes ☐ No**12. PROPOSED REDEVELOPMENT OF PROPERTY (if known)**